



*Jr./Sr. High Youth Camp 2019*  
*"Identity"*  
*Friday, June 7 - Monday, June 10*

8 For you were once darkness, but now you are light in the Lord. Live as children of light  
Ephesians 5:8

**General Info**

**Price:** \$120 before May 7th - \$135 on-site

**Refund Policy:** No refunds! We pay for facilities, supplies and food based on registration numbers. It is unfortunate if a student registers and cannot attend, but our preparation costs are non-refundable. We know you will understand, we just want to communicate clearly. If another student wants to come in their place we will gladly transfer registrations.

**Camp Address:** 2901 S Camp Bond Rd, Tishomingo, OK 73460 **Phone:** (580) 384-5756

**Registration Address:** Jonathan Greer, P.O. Box 790 Sapulpa, OK 74067

If you have any questions feel free to contact Jonathan Greer at (918) 407-8921 or any of the others on the board (Tim Busch, Tacie Dressen, Jared Fields, Shelby Bealand Will Heubner).

We look forward to seeing you at camp!



**Student Registration Form  
Junior & Senior High Youth Camp  
June 7-10, 2019**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Church \_\_\_\_\_ Youth Pastor/Youth Leader \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender (circle one) M F Grade (Fall 2019) \_\_\_\_\_

T-Shirt Size (circle one) XXL XL L M S \*No Youth Sizes

8 For you were once darkness, but now you are light in the Lord. Live as children of light  
Ephesians 5:8



**Oklahoma State Youth Medical/Insurance/Permission/Liability Release Form**  
(Please print)

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Group No \_\_\_\_\_

Insured Person's Name \_\_\_\_\_ Identification No \_\_\_\_\_

Primary Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medications & Dosages Child is currently taking or existing Medical Conditions/Allergies: \_\_\_\_\_

**Emergency Contact Numbers:**

Mom's Work \_\_\_\_\_ Mom's Cell \_\_\_\_\_

Dad's Work \_\_\_\_\_ Dad's Cell \_\_\_\_\_

If no one can be reached at the numbers above, please contact \_\_\_\_\_ at \_\_\_\_\_

This signed form does hereby give permission for our (my) child to attend and participate in all activities (including any off-site outings) of this event sponsored by the Oklahoma Assembly of the Church of God State Youth Council. We (I) authorize an agent of the Oklahoma Assembly of the Church of God State Youth Council, in whose care the minor has been entrusted, to consent to any X-Ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, at my expense, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether diagnosis or treatment is tendered at the office of said physician or at said hospital. We (I) also authorize camp personnel to dispense over the counter medication: Tylenol, antacid, etc. Should it be necessary for our (my) child to return home due to medical/physical reasons, discipline problem, or otherwise, the signature party shall assume all transportation costs. The signature does also hereby give permission for our (my) child, should it be necessary, to ride in any vehicle designated by the adult leaders in whose care the minor has been entrusted while attending and participating in activities or for the purpose of transporting said child to needed medical assistance. We (I) agree to waive liability and hold Camp Bond, the Oklahoma Assembly of the Church of God, the State Youth Council, and all counselors and designated leaders and their local church harmless and blameless for any accidents and related damages or injuries that might occur during this event, or traveling to and from the event, except for clear acts of gross negligence. Also, I understand that pictures will be taken and the participant may be on social media and the projector at camp.

***We (I) have read and understand the rules of the camp. We (I) agree that our (my) child shall be expected to abide by them or be sent home at our (my) expense.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_



**Adult Registration Form  
Junior & Senior High Youth Camp  
June 7-10, 2019**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Church \_\_\_\_\_ Youth Pastor/Youth Leader \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender (circle one) M F

T-Shirt Size (circle one) XXL XL L M S \*No Youth Sizes

**Oklahoma State Youth Medical/Insurance/Liability Release Form**  
(Please print)

Insurance Company Name \_\_\_\_\_ Group No \_\_\_\_\_

Insured Person's Name \_\_\_\_\_ Identification No \_\_\_\_\_

Primary Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medications & Dosages you are currently taking or any existing Medical Conditions/Allergies: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I agree to waive liability and hold Camp Bond, the Oklahoma Assembly of the Church of God, the State Youth Board, and all counselors and designated leaders and their local church harmless and blameless for any accidents and related damages or injuries that might occur during this event, or traveling to and from the event, except for clear acts of gross negligence.

***I have read and understand the rules of the camp. I have read and understand the Counselor Covenant. I understand that I will be expected to abide by them.***

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Counselor Covenant  
Junior & Senior High Youth Camp  
June 7-10, 2019**

**As a counselor, I will...**

- Submit willingly to a background check.
- Show up for all scheduled events on time and fulfill any tasks assigned to me. I will “hang out” with the young people and not just with other counselors and staff.
- Participate in all activities with all my heart and with a smile on my face. I will support and not interrupt the leader of any event.
- Get to know my campers. I will not leave anyone out under any circumstances.
- Remain on-site at all times. I will never leave the designated areas unless given permission by the director.
- Be safe in all that I do. All campers and counselors are required to stay in the rooms when “lights out” is called in the evening until the wake up time the next morning. No one is permitted to wonder after hours.
- Respect and cooperate with the campers, other counselors, the director, workshop leaders, conference speakers, musicians, activity leaders, and other staff.
- Report any problems (fights, behavior, etc) immediately to the director.
- Display a Christ-like attitude at all times. Remember, young people do as they see, not always as they hear.
- Actively participate in and direct young people to clean up during the week and the closing of camp on Friday. No one leaves until inspections are completed.

We appreciate your willingness to serve and we believe we will have a great camp. Please remember that what you do during camp will be seen by the entire state of Oklahoma and may affect how camp is run next year and what we are able to accomplish. Please sign below if you understand and will abide by this covenant.

**Counselor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Counselor / Camp Worker Background Check **\*\*VERY IMPORTANT\*\***

Again this year at Oklahoma State Summer Camp we are requiring every counselor and camp worker to submit to a background check from OSBI. This background check is mandatory for participation in summer camp for anyone over the age of 18 who will be working with students.

Enclosed is a form which can be mailed with church credit card information or business check made out to OSBI to complete the background check. On this form we are asking the Sr. Pastor, Youth Pastor, and the counselor submitting to the background check to sign. This will go in our camp files as record that the background check was completed. If a counselor comes to camp without an approved background check, the youth council reserves the right to do an instant online background check at the sending churches expense. (This could be up to \$100.00.) The cost will be in addition to any other camp fees due at time of registration.

Keep in mind that this background check not only protects our state ministry, or your youth ministry, but it also protects the local church.

This background check also applies to any and all youth workers that will be at camp with your students during the week of camp. **(If the youth worker already has a background check on file with our state office, the local church that you are serving, or another organization within the last 3 years, we can accept this. Simply fill out and sign the from below.)**

Thank you for helping keep our students safe,

### Counselor / Camp Worker Background Check Verification Form

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Local Church \_\_\_\_\_

Supervisor \_\_\_\_\_

I attest and witness on this day \_\_\_\_\_, that the person listed above has submitted to a background check requested by the state youth council and Oklahoma assembly of the church of God.

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sr. Pastor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Pastor Signature

\_\_\_\_\_  
Date



**REQUEST FOR BACKGROUND CHECK**

Date: \_\_\_\_\_

Requested by: Oklahoma Assembly of the Church of God

Department: Board of Youth Ministry

Full name of person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Other Married Names:

And/Or aka: \_\_\_\_\_

Name Preference or Nickname: \_\_\_\_\_

Area Code & Phone #: \_\_\_\_\_

Sex – (Male or Female): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

State & Drivers License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cost for Background check is: **\$50.00**

Permission given for check:  Yes    Check amount enclosed: \_\_\_\_\_

**Note: Background check cannot be processed until all information is provided and payment is received.**



# Photo and Video Release Form

**Oklahoma Assembly of the Church of God**

## Permission to Use Photograph and Video

Subject: \_\_\_\_\_

I grant to Oklahoma Assembly of the Church of God, its representatives and employees the right to take photographs and videos of me/my child and my property in connection with the above- identified subject. I authorize Oklahoma Assembly of the Church of God, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Oklahoma Assembly of the Church of God may use such photographs and videos of me with or without my name and for any lawful purpose, including, but not limited to, publicity, illustration, advertising, and Web content.

\_\_\_\_\_ (Initial) I have read and understand the above and give permission for my/my child's photos and videos to be used.

\_\_\_\_\_ (Initial) I decline use of my/my child's photos and videos to be used.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature, parent or guardian \_\_\_\_\_

Printed name, parent or guardian \_\_\_\_\_





**Group Registration Form  
Junior & Senior High Youth Camp  
June 7-10, 2019**

Church Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth Pastor/Leader \_\_\_\_\_ Church Phone \_\_\_\_\_

Camp Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_

**Group Numbers**

Number of male students \_\_\_\_\_

Number of female students + \_\_\_\_\_

**TOTAL NUMBER OF STUDENTS = \_\_\_\_\_**

Number of male adults \_\_\_\_\_

Number of female adults + \_\_\_\_\_

**TOTAL NUMBER OF ADULTS = + \_\_\_\_\_**

**TOTAL NUMBER OF STUDENTS AND ADULTS = \_\_\_\_\_**

Deposit Due (total of students and adults x \$50) \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Registration must be postmarked no later than May 7, 2019 to receive the early registration cost of \$120 per person.  
Registrations made after May 7 will cost \$135 per person.  
Registration must be paid for both students and adults.

An **Individual Registration Form** and signed **Oklahoma State Youth Medical/Insurance/Permission/Liability Release Form** must be submitted for all students.

A signed **Adult Registration Form**, **Councilor Covenant** and **Counselor/Camp Worker Background Check** must be submitted for all adults.

Registrations are considered incomplete until all forms and deposits are submitted for each student and adult.

**MAIL REGISTRATIONS TO:  
Jonathan Greer  
P.O. Box 790  
Sapulpa, OK 74067**